

Candidate  
Annual Report of Receipts and Disbursements  
2009

RECEIVED

JAN 29 2010

Secretary of State  
Capitol Office

DATE STAMP

Candidate's Name Sid Albritton  
Full Address P.O. Box 1389 Picayune, MS 39466  
Telephone 601 590 1845 Fax \_\_\_\_\_  
Contact Name Sid Albritton Email sidalbritton@yahoo.com  
Office Sought Senate 40 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 18550 + \$ 75	\$ 18625	\$ 18625
Total amount of disbursements	\$ 12000 + \$ 2460.27	\$ 14460.27	\$ 14460.27
Total amount of cash on hand		\$ 5843.11	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

01/29/09

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Sid Albritton

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Reporting period

Jan 01, 2009

through

Dec 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>In Kind Use of building for</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf Guaranty (The Corbitt Company) Fundraiser</u>		___/___/___	\$
Mailing Address <u>P.O. Box 14225</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>In Kind Food's Bev. for</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael Cashion MS Restaurant Association Fundraiser</u>		___/___/___	\$ 400.00
Mailing Address <u>130 River view Drive Suite A</u>		___/___/___	\$
City, State, Zip Code <u>Flowood, MS</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>In-Kind Fundraiser Manager</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stan Plynt (Southern Strategy Group)</u>		<u>06/25/09</u>	\$ 2000.00
Mailing Address <u>513 North State Street</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Jid AlbrightReporting period Jan 01, 2009 through Dec 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bail Agents Assn.</u>		<u>06/19/09</u>	\$ <u>1000.00</u>
Mailing Address <u>413 S. President St. Suite 111</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Retail Association of Mississippi</u>		<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>4785 I-56 N. Suite 103</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Spencer Medlin</u>		<u>6/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 24087</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Self</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sidney Allen</u>		<u>06/25/09</u>	\$ <u>100.00</u>
Mailing Address <u>740 Orleans Circle</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Comcast</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Govt Relations</u>		Aggregate year-to-date	\$

Name of Candidate or Committee

Sid Albritton

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Trey Bobinger (Point One Strategies)</u>		<u>06/25/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 3015</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39207</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reed Branson</u>		<u>06/24/09</u>	\$ <u>100.00</u>
Mailing Address <u>4115 Robin Dr.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R and J Group Inc. (Roswie Shady)</u>		<u>06/30/09</u>	\$ <u>500.00</u>
Mailing Address <u>80 John McNease Lane</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Dassfield, MS</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Inc.</u>		<u>05/13/09</u>	\$ <u>500.00</u>
Mailing Address <u>625 North State St.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Sid Albritton  
 Reporting period JAN 01, 2009 through Dec 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC Mississippi</u>		<u>06/18/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clare Hester</u>		<u>06/25/09</u>	\$ <u>500.00</u>
Mailing Address <u>148 Oakhurst Trail</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Ridgeland MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Capital Resources</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Medlin &amp; Associates Inc.</u>		<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 24087</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Concrete Industries Association Inc.</u>		<u>06/15/09</u>	\$ <u>200.00</u>
Mailing Address <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>		Aggregate year-to-date	\$

Name of Candidate or Committee

Sid Albright

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swisher International, INC.</u>		<u>06/22/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2230</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jacksonville, FL</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hayes Dent Public Strategies LLC</u>		<u>06/25/09</u>	\$ <u>150.00</u>
Mailing Address <u>120 N. Congress St. Suite 900</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hannah's Operating Company Inc.</u>		<u>06/22/09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 22232</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Tulsa, OK</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams &amp; Reese</u>		<u>06/22/09</u>	\$ <u>250.00</u>
Mailing Address <u>4500 One Shell Square</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>New Orleans, LA</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		06/24/09	\$ 250.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07/23/09	\$ 200.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		04/22/09	\$ 500.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		06/18/09	\$ 250.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee

Sid AlbrittonReporting period JAN 01 2009 through Dec 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tower Loan</u>		<u>06/09/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 320001</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Flores, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Spectrum Tide, LLC</u>		<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>781 Carson Street</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Illinois Film Political Action Comm.</u>		<u>06/18/09</u>	\$ <u>1000.00</u>
Mailing Address <u>15301 Ventura Blvd Building E</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Sherman Oaks, CA</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Spectrum Realty LLC</u>		<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>781 Carson St.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$



Name of Candidate or Committee Sid Albritton  
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## ITEMIZED RECEIPTS

<b>A. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
Full name <u>Spectrum Condos LLC</u>	<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>781 Carson St</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Spectrum Turquoise LLC</u>	<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>781 Carson St.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
<b>C. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Spectrum Capital LLC.</u>	<u>06/25/09</u>	\$ <u>200.00</u>
Mailing Address <u>781 Carson St</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
<b>D. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MAC PAC (ms Asphalt)</u>	<u>06/22/09</u>	\$ <u>1000.00</u>
Mailing Address <u>711 North President St.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name			
Irb Benjamin		06/25/09	\$ 200.00
Mailing Address			
P.O. Box 4423		___/___/___	\$
City, State, Zip Code			
Jackson, MS		___/___/___	\$
Name of Employer (Required)			
Self		___/___/___	\$
Occupation (Required)			
Lobbyist		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name			
Worth Thomas		06/25/09	\$ 200.00
Mailing Address			
P.O. Box 774		___/___/___	\$
City, State, Zip Code			
Jackson, MS		___/___/___	\$
Name of Employer (Required)			
Self		___/___/___	\$
Occupation (Required)			
Lobbyist		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name			
MNA PAC		06/25/09	\$ 200.00
Mailing Address			
31 Woodgreen Place		___/___/___	\$
City, State, Zip Code			
Madison, MS		___/___/___	\$
Name of Employer (Required)			
		___/___/___	\$
Occupation (Required)			
		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name			
WB Consolidated		06/25/09	\$ 250.00
Mailing Address			
770 North West St.		___/___/___	\$
City, State, Zip Code			
Jackson, MS		___/___/___	\$
Name of Employer (Required)			
		___/___/___	\$
Occupation (Required)			
		Aggregate year-to-date	\$

Name of Candidate or Committee Sid Albritton  
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# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tom Wallace</u>		<u>06/25/09</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. Box 20073</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly Hardwick</u>		<u>06/25/09</u>	\$ <u>100.00</u>
Mailing Address <u>120 North Congress Suite 904</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Isle of Capri</u>		<u>08/24/09</u>	\$ <u>1000.00</u>
Mailing Address <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Biloxi, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Independent Rx PAC</u>		<u>09/22/09</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Lakeland Dr</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Flowood, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>   </u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>   </u>		Aggregate year-to-date	\$

Name of Candidate or Committee

Sid Albright

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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Denbury Onshore LLC		07/07/09	\$ 500.00
Mailing Address 5100 Twynock Parkway Suite 200		___/___/___	\$
City, State, Zip Code Plano, TX		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. Road Builders Assoc. PAC		06/16/09	\$ 250.00
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Association		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pharmaceutical Research and Manufacturers		06/25/09	\$ 250.00
Mailing Address 771 North St		___/___/___	\$
City, State, Zip Code Baton Rouge, LA		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ameristar		07/01/09	\$ 1,000.00
Mailing Address 4116 Washington St		___/___/___	\$
City, State, Zip Code Vicksburg, MS 39180		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Sid Albright

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Steven Browning</u>		<u>08/25/09</u>	\$ <u>500.00</u>
Mailing Address <u>229 Coachmans Rd</u>		<u>12/08/09</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Madison MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Appriss Inc.</u>		<u>07/09/09</u>	\$ <u>1000.00</u>
Mailing Address <u>10401 Linw Station R'd Suite 200</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Louisville, KY</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Mississippi Power Company State PAC</u>		<u>06/16/09</u>	\$ <u>250.00</u>
Mailing Address <u>2992 West Beach Blvd</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Gulfport, MS</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Norfolk Southern Corporation</u>		<u>07/29/09</u>	\$ <u>250.00</u>
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Sid Albritton

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T MS PAC		09/03/09	\$ 500.00
Mailing Address 125 East Capital St		___/___/___	\$
City, State, Zip Code Jackson, MS		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Association		Date (Mo., Day, Year)	Amount of each receipt this period
Full name US oil & Gas Association		12/28/09	\$ 200.00
Mailing Address 573 North State St		___/___/___	\$
City, State, Zip Code Jackson, MS		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Action Committee for Rural Electric		07/23/09	\$ 200.00
Mailing Address P.O. Box 3300		___/___/___	\$
City, State, Zip Code Ridgeland, MS		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

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## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Billy Hines Campaign		08/27/09	\$ 1000.00
Mailing Address			
P.O. Box 2387			
City, State, Zip Code			
Gulf Port, MS 39505			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
St. Jude's Children Hospital			\$ 1000.00
Mailing Address			
262 Danny Thomas Place			
City, State, Zip Code			
Memphis, TN			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Sid Albritton			\$ 10,000.00
Mailing Address			
P.O. Box 1389			
City, State, Zip Code			
Hickory, MS 39466			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
Loan Repayment			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
			\$
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
			\$
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
			\$
Mailing Address			
City, State, Zip Code			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$